Health care and Health practices among Tribes: A study on 'Yaws' Disease among Tribes in West Godavari District of Andhra Pradesh

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Abstract: Indian tribal communities are economically, socially, and culturally different from other communities. Their health care issues are different from others because of their remoteness, poor infrastructural facilities, inadequate health and educational opportunities, poor sanitation, traditions and customary practices and traditions. Indian central and state government initiated several welfare measures to improve the general welfare, including health, education, and sanitation among tribal communities. But majority of them are still following the traditional and indigenous health care practices. Home-based medication, native medicinal preparations, treatment from private unqualified health practitioners, and occasional visits to Primary Health Care (PHC) centers are the practices followed by the tribal communities. Hence the present paper focuses on the medical practices followed by the tribals to deal with an endemic disease called 'Yaws' in West Godavari District of Andhra Pradesh.

K eywords: *Tribal, Health-Care, Indigenous, Endemic, Yaws.*

Introduction

Good Health is a prerequisite for mankind's holistic development as it stimulates the energy to work for the self and society, thus leading to national development. (WHO, 2017) stated that "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition." This states that every human being has an equal right to live and have access to health care services. The central principle of the 2030 agenda for Sustainable Development Goals (SDG's) is to ensure that everyone has access to health care services and other basic amenities. Despite many developmental activities, constitutional provisions, welfare schemes, and programs, many tribal communities fail to access socio-economic and health care services.

Tribals- India

The Tribal groups in India are named as Adivasi, Vanyajathi, Vanavasi (Forest Dwellers), Pahari, Adimajati, Atavika or Girijan (Hill People) and Anuchit Jan Jati. However, Adivasi is a popular term used to address India's tribal population subjected to their indignity (Lal Suresh, 2003). The Indian tribes are heterogeneous. They are diversified based on their dialects and their social, cultural, and religious practices. The tribals prefer to live in the orbit of the forests and hilly areas by secluding themselves from the general public and thus are unable to access socio-economic and health care services. Schedule Five of the Indian constitution has recognised 645 groups of the

tribal population as 'Scheduled Tribes' (S.T.) in India. (Singh, 2020). India witnessed a steady increase in tribal population. The following table represents the decadal growth rate of tribals in India.

Table -1. The Population of Scheduled Tribes in India 1961-2011

Census Year	Population			Decadal Growth Rate		
	Total	Rural	Urban	Total	Rural	Urban
1971	3,80,15,162	3,67,20,681	12,94,481	26.2	25.2	67.6
1981	5,16,28,638	4,84,27,604	32,01,034	35.8	31.9	147.3
1991	6,77,58,380	6,27,51,026	50,07,354	31.2	29.6	56.4
2001	8,43,26,978	7,73,39,335	69,87,643	24.5	23.2	39.5
2011	10,42,81,034	9,38,19,162	1,04,61,872	23.7	21.3	49.7

Source: Census data from 1971-2011:-

It is evident from the above table that India's tribal population comprises of nearly 39 million in 1971.This number has increased to more than 104 million in 2011 census which constitutes upto 8.6 per cent of the total Indian population with a decadal growth rate of 23.7.

Andhra Pradesh is segmented into 13 administrable districts, with a total population of about 49.5 million. The tribal population of the state is around 2.7 million, which constitutes 5.5 per cent of the total population of the state. The study area of West Godavari comprises a total population of 3.9 million of which the scheduled tribe population is around 1.33 lakhs and 3.5 per cent of the tribal population belong to the district population, especially those Particularly Vulnerable Tribal Groups (PVTG) such as Kondareddi, Koya, Gond, and others.

Review of Literature

India's tribal communities are highly vulnerable and prone to many diseases both epidemic and endemic due to their varied culture and livelihood activities. The studies of various authors like Balgir (2006), Lal, S, B. (2006), Srinivasan (1987), Bas, S (2007), Kar, R, K. & Gogoi, J. (1993), Rao, S, K. (1998), Anitha, C T. (2018) and Balgir (2004) have a standard projection about the vulnerability and misery behind the tribal issues along with poverty, illiteracy, ignorance about the diseases, hostile environment, poor sanitation, lack of safe drinking water, blind beliefs, and their dissatisfaction about the health care service providers. Tribals are prone to severe health care problems like Anemia, Diarrhea, Tuberculosis, Yaws, Malaria, and Jaundice. Deficiency of Iodine, Micro-nutrients, Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR), infertility, AIDS, respiratory illnesses, gastrointestinal problems, and fevers are considered as severe issues found in tribals. Thus, the inadequate infrastructural facilities, extensive scale absenteeism, lack of

vaccination and proper medication are deemed as significant reasons for the poor healthcare of tribals.

History of Yaws Disease

Yaws is a chronic contagious disease that mainly occurs in warm, humid regions and poses a significant public health threat in the tropics. Yaws infection primarily affects the skin, bone, and cartilage and becomes visible with symptoms such as bumps on the skin of hand, foot, face, neck, and genital area. It is caused by a bacterium called Treponema Pertenue. Chronic Lesions on palms and soles may disable the affected person for extended periods making them dependent on others.

According to Mark Rose (1996), yaws had its origin in middle Pleistocene Africa 1.5 million years ago, i.e. A.D.850. Before the 1950s, WHO &UNICEF led a worldwide survey and made efforts to eradicate yaws in 46 countries. As a result, the spread of disease had come down by 95 percent. However in the 1970s, the eradication programmes in many countries were discontinued and as a result, the disease began to resurface, resulting in a World Health Assembly Resolution (WHA 31.58) in 1978. Since 1995 there have been renewed elimination efforts in some regions and countries, but there is no global coordination.

Yaws in India

The term Yaws is considered to be of Caribbean origin. In India, the Yaws disease was first reported by the communities living in the forested tribal pockets of Andhra Pradesh, Madhya Pradesh, Orissa, Tamil Nadu, Maharashtra, Assam, Bihar, Uttar Pradesh, and Gujarat. The climatic conditions like warmth, humidity and the rainfall of at least 40 inches are considered favorable for the transmission of Yaws disease. The social factors like scanty clothing, poor personal cleanliness, overcrowding, inadequate housing, low standards of living, absence in the usage of soap are significant reasons leading to the spread of Yaws.

Yaws in West Godavari

The Yaws survey was conducted in Andhra Pradesh in the year 1999 by the National Institute of Communicable Diseases (NICD). During the survey, few cases of Yaws disease had been identified. However, after 1999 there was no systematic survey undertaken by the government. As a result, the disease started spreading in areas where the necessary facilities like housing, electricity, water, and other infrastructure facilities were deplorable. The local name given to the yaws disease in the study area was Koya Kurupu (Tribal wound) or Koya Rogam (Tribal disease), as most tribals were Koyas in the region.

Need for the Study

Very few studies were reported on tribals' health care and health practices in Andhra Pradesh, emphasizing West Godavari district. Therefore, the present research is focused on health issues in general and the Yaws disease in particular among tribals. Regarding the tribal areas of “West Godavari" district of Andhra Pradesh, Yaws disease is still prevalent in agency areas of Polavaram, Buttaya Gudem, and Jilugumalli Mandals.

Objectives

Given the tribal backwardness and their primitive traits, the objectives of the study have been framed in order to examine the socio-economic conditions of the tribals in the selected region of the

West Godavari District. Furthermore, this study is conducted to understand the availability of health care services in the vicinity in general and about the Yaws disease in particular; and to analyse the impact of Yaws disease on tribal Health and livelihood.

Methodology

The Study is qualitative in nature. Both primary and secondary data were used to analyse the collected field information. The primary data was collected by using an interview schedule with the closed and open ended questionnaire. The study has adopted snowballing and purposive sampling techniques for primary data collection. In addition, the study took up observation techniques and case study methods to get in-depth information from the disease hauliers. The secondary data was collected from the local Primary Health Centers (PHCs), books, reports, and other research studies and analysed with advanced Statistical Techniques.

Findings of the Study

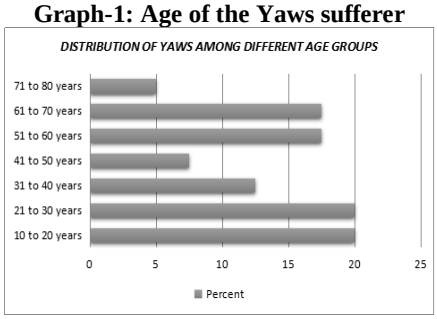
The primary study was conducted in the year 2015-16. The sample respondents were selected from Polavaram (later tribal rehabilitation took place due to Polavaram project issue), Buttaya Gudem, and Jilugumalli Mandals of West Godavari district. The Yaws infection was hardly found in Jeelugumali and Buttayagudem Mandals, as the two mandals were relatively better in terms of transportation, communication and available medical facilities. There were 40 Yaws infected person found in nineteen villages. In Bodigudem (1 person), Chegondapalli(3), Chidur(6), Gunjavaram(5), Itikelakota(4) Mamidigondi(1), Mutyalaraopeta(1) Patakunkala(1), Pidakulamamidi(1), Ramannapalem(2), Reddykunkala(1), Singanapalli(1), Tanalakunta(1), Tutigunta(2) Venkatareddy Gudem(6) Polavaram Mandal, Gunjavaram(1), Gogumilli(1) Buttaigudem mandal , Lankalapalli (1) Rowthugudem(1) and in Jeelugumalli Mandals .

Distribution of Tribals

The tribals who were infected with Yaws in the selected study area comprise of 32 (80 per cent) respondents from Koya community, Six (15percent) from Kodareddy, and only two (5percent) from the Goudu community during the field survey period. Geographically, most of these places come under hilly regions with challenging access to government and private healthcare facilities. The study revealed that yaw effected all group of people, irrespective of any age group

Age of the Yaws Sufferer

Graph-1: Age of the Yaws sufferer



Source: Primary Data during 2015-16

The bar diagram added below shows the age of Yaws sufferers in the study area.

The weak immune system and malnutrition among the younger age groups were the significant causes for their susceptibility to diseases. To justify this statement, eight respondents (20 percent) of 10-20 years age group were the disease hauliers. Similarly, eight (20 percent)from 21-30 years age group, five (12.5 percent) from 31-40 years age group, Three (7.5 percent)from 41-50 years age group, Fourteen (35 percent)persons from 51-70 age group years and Two (5 percent) persons from 71-80 years age group were affected by the Yaws disease. The field study reported the fact that Yaws infects irrespective of all the age groups. The severity may vary among the disease hauliers based on their approach to health care services.

Gender

The study also inquired about the gender of the disease haulers. It was reported in the field study that about 12 (30 percent) respondents were female and 28 (70 percent) respondents were male. Out of these, two girls and three boys were below 18 years of age. Interestingly, no women were found with the disease at 71 years and above the age group, whereas five men were identified with the Yaws disease between 71 and 80 years of age.

Literacy Rate

As per census 2011, the literacy rate in Scheduled Tribes (S.T.) was highest in Mizoram (91.7 per cent) and lowest in Andhra Pradesh (49.2 percent). The study also shows that 28 (70 percent) respondents were either illiterate or primary school dropouts who did not learn to read or write. The study found that about 8(20 percent) respondents studied up to higher secondary school, 2 of them failed in SSC, and two did not appear for board exams. Due to school vicinity problems and lack of transportation facilities and none of them studied beyond SSC.

Socio-economic conditions

Type of family and family size

The study revealed that about Thirty-Five (87.5 percent) respondents were nuclear, and five (12.5percent) were joint families out of 40 households.

Occupational details of the infected respondents

In enquiring the occupational aspect of respondents of the study, it is found that out of 40 respondents- 33 (82.5 percent) worked as manual labours. One person is a farmer, One person is running a small business (Kirana Shop), and the rest Five (12.5 percent) were not economically active due to the age factor.

Land

Out of the sample of 40 respondents, 17 (42.5 percent) people owned land with 1-3 acres, 4 (10 per cent) persons owned 4-5 acres, and one person (2.5 percent) from a joint family owned 10 acres. 18 (45per cent) of the respondents are landless. All these tribal families were entirely dependent upon shifting cultivation using Podu land. While trying to bring out the economic status, the study extended to analyze irrigated land details but no processes. About 19 (47.5 percent) people possess irrigated wetlands.

Housing and clothing

It is a crucial factor in addressing tribal health issues. The field study observations depicted that 28 (70 percent) respondents were allocated in government colony houses. This houses have become a

significant problem due to poor space and ventilation. This environment causes the transmission of diseases. The remaining 12 (30per cent) respondents live in their own (Kaccha) houses, which are in indigent condition. Another problem is the lack of adequate clothing, which is an operational agent for transmission of diseases. The study also observed that 20 (50 percent) respondents have no proper clothing to cover themselves from cold and heat. Another 20 (50 percent) respondents have clothing as per need. Factors like scanty clothing, poor personal cleanliness, overcrowding, and inadequate housing are the crucial reasons for the spread of Yaws.

Income

The tribal people find work between 6-8 months per year. During summer, they depend entirely on forest products. Almost 28 (70 percent) respondents of the study have a monthly income of around Rs.3000 only. Six (15 percent) respondents earn an income between Rs.3000-Rs.4000 only. One (2.5 percent) respondent from the joint family gets around Rs.7000-Rs.8000, and five (12.5 percent) respondents entirely depend on government incentives. Since the incomes are significantly lower, it becomes difficult for them to afford proper health care facilities.

Savings and Sources of Debt

All 40 respondents said they do not have any savings.

Debt burden: Tribals often depend on private local money lenders to meet their health, agricultural, and family needs. These money lenders are from nearby villages and owned shops. They have a deal with the tribals to sell away their agricultural produce to them for very cheap rates. Twenty-Two (55 percent) respondents have borrowed a loan of below one lakh from the moneylender for two per cent interest rate per month. Three (7.5 percent) respondents took a loan from the bank, three (7.5 percent) respondents from DWACRA, four (10 percent) respondents from ITDA, and two (5 percent) respondents from Self-Help Groups (SHG's) with a lower rate of interest prescribed by the respective agencies. All the loans were ranging from Rs.20, 000 to Rs 1,00,000 only. However, the study also found that six (15per cent) respondents have not taken any loan during field visits.

Ration Card

All the 40 sample households possess a white ration card given to people of the Below Poverty Line (BPL) category.

Productive and Non-Productive Assets

All respondents replied not owning any productive assets during field visits. Ten (25 percent) respondents do not possess any non-productive assets. However, the study observed that Television is the only non-productive asset in thirty (75 percent) respondents' families.

Respondents' historical background of the disease

Though Yaws is a contagious disease. The study proved that 28 (70 percent) people (out of the sample size 40) have no historical background of Yaws in their family. It is only through exposure to the Yaws contaminated areas that they got infected by it. Twelve respondents (30 percent) were infected by the disease from their family members. By analyzing the available data, the probable conclusion is that Yaws is not a hereditary disease. But due to the lifestyle and nature of the people the yaw disease runs deep among the tribal community.

Health care dependence

The study understood that 28 (70 percent) respondents relied on the traditional practices of health care methods or depends on the Rural Medical Practitioner (RMP) who regularly visits the villages. Though they are not qualified, they treat tribals without discrimination. Visiting a government hospital is their last resort. Twelve respondents (30 percent) of the sample never visited a government hospital except during health camps conducted by the Primary Health Centers (PHCs).

Medical Facilities

The eradication of Yaws remains a distant dream as the infected do not enjoy the privilege of proper health care or medical facilities in most cases. There are no good public health care services available in their vicinity as mentioned by 38 out of the 40 respondents.

The Distance to Reach Medical facilities

Distance also matters; for instance, the nearest available health centre is too far and difficult to access. For 22 respondents (55 percent), the nearest primary health centre is 3-10 Km away. Other 18 respondents (45 percent) health centre is at a distance ranging from 12-20 km. Since their economic status is deficient, they cannot afford the services of private hospitals in the city, so they are forced to visit public health care centres or private medical practitioners.

According to the PHC staff, they often visit the village, but it contrasts with the response given by the respondents. The PHCs serving an approximate population of 8,000 villagers struggle to attend to the ailing public's needs. The PHCs have just one doctor in charge. As per the details collected from the affected, the doctors do not prefer to stay in villages hence making them not available to cater to the villagers' urgent needs. Many villages lack approach roads, and if ever they do have one, it is most probable that the road is unpaved. Hence, to the Yaws affected people, long-distance journeys are an added misery and a new possibility of spreading the infection.

For Example, LND Peta PHC suffers from insufficient medical staff to cater 22 villages during field visits. Though the health centre has two efficient doctors, their services in the vicinity are scarce, and it has got just a single nurse for assistance, as inferred from the villagers' words. Serving 17,682 village folk's medical emergencies, the PHC seems to struggle to meet the requirements.

Another example is the Vinjaram PHC which lacks adequate medical facilities, medical amenities and staff to Cater the medical ailing of 12,383 villagers. Approximately, over the twenty villages are put under this health centre's care. The medical centre has a single doctor in charge, who is defying the medical rules of the country and stays in Dondapudi, which is 12 km away from the PHC. On an average rate, 20-30 people from every village seek medical aid every day. Due to varied reasons, these people confine to their indigenous practices of health care.

The Attitude of the Doctors/Staff with Yaws Infected People

Proper treatment at the appropriate time is one of the prerequisites for the eradication of the disease. Out of 40 respondents, only Three (7.5 percent) said both Doctors and medical staff are very concerned about the medical needs of the people. Though they provide medicines in most cases, in fifteen (37.5 percent) respondent’s view, the patient was suggested to buy medicines from outside

for specific diseases. This additional charge often led to an economic strain in poor tribal communities. Hence the respondents were forced to depend on indigenous medicine, Natu Vaidyam, and other local medical practitioners who never demand money immediately.

Approach Road

The study found that habitant regions of the tribal population in the West Godavari district are surrounded by hilly and forest regions; thereby, the road and transport facilities are not satisfactory. Almost all the respondents replied that the government bus services are limited to once a day. It becomes hardly possible for the diseased to travel to the city for better medical facilities or services.

People Awareness about the Disease

Yaws is a curable disease which can be treated by administering either an antibiotic of azithromycin or benzathine penicillin. The infected have no clue as to how they were getting affected.

Out of the 40 samples, 30 respondents (75 percent) do not have awareness about Yaws and its medication, but a few were aware of this Disease as Koya-Kurupu/koya rogam (disease). Consequently, ten respondents (25 percent) knew both the local name Koyakurupu and the medical term Yaws. They are aware of the medical facilities in PHCs, but due to lack of transport facilities and unavailability of Doctors in PHCs in the needy time, they were discouraged to go to hospitals. Later they started taking medicine from the local Rural Medical Practitioners (RMPs), and their indigenous medicines. Hence, a proper awareness campaign among these people is deemed crucial.

CASE STUDY-1

My name is Chinna Srinivas, aged 25, belonging to the Konda Reddy tribe. I am a native of Polavaram Mandal of West Godavari district. As far as my family details are concerned, I belong to a nuclear family. I and my wife venkata reddamma, aged 21, are agricultural labourers. We neither own any land nor have leased any. The kutcha house that I currently reside is my property. Since our family income is meagre, it is a struggle to make both ends meet. A television is the only non-productive asset that that we have.

Though my village had approach roads, they are all unpaved. When any family member falls sick, it becomes hard to reach the nearest PHC which is situated almost 13Km away. Walking for the treatment for my disease has caused me enormous pain. By the time I reach the hospital situated 15km away from home bare foot or by other means of transport, the soreness and wounds of my legs start to inflict unbearable pain. But, it is more painful to see the unconcerned, carefree attitude of the doctor and staff. Many a time, I had to wait for hours to meet the doctor. They treat Yaws infected people like me with contempt. I am the only person who bears this disease in my family. Though I consume liquor regularly, I guess that is not the reason for my disease. We have got no orientation regarding the disease from a third person, but I think that I got infected from my mother and now my (girl) children of the age of five and are also suffering from the same disease. When I was a child, I saw my mother bear the pains of the disease now, and I am a witness for the same to my children. The disease I have is disgusting, but my family's care and concern for me provides me with enormous confidence. The doctor in charge at the PHC prescribed me a few tablets and asked me to adhere to clean habits. I take a bath with soap, but we do not have bathroom facilities at home. My family members and I take bath in an open place. We hardly receive any help from the government officials. A couple of weeks back, few government officers came along with some

other people and made speeches about our land, property and other related stuff. Apart from that occasion, they hardly paid us any visit. We hope the government will do the necessary action to help us at the earliest.

CASE STUDY-2

My name is Singanna Dora; I am 18 years old and belong to the Koya tribe. My village is where I have been staying as my birth comes under Polavaram mandal of West Godavari district. I am part of a nuclear family where all our family members are agricultural labourers. Like most of the homes in my neighborhood, mine is also like a kutcha house. My father built this house so we owned it. In my family my brother and sister have gone to school. We have a T.V. in our house but no bicycle, scooter or anything else. Television is the only non-productive asset in my family. We don't even have a proper bathroom so we take bath in the open. The wounds of the disease started coming to my body when I was a child. It started in my leg and slowly spread to the body. The wounds are really painful and I find it really disgusting as it obstructs my labour. My father and I we went to the nearest PHC, which is 6Km away, a few times. The doctor prescribed a few tablets which I am consuming daily. My family has got low income and hence it becomes really hard to meet the expenses when the doctors ask us to purchase costly medicines. They don't provide us any medicines. We have to buy them from outside. Per month our medical expenses exceed rupees 600 since the government doesn't provide us ration, medical expenses becomes added burden. I am the only one in my family line who has got this disease. Nobody told me how I got it. We hardly receive any orientation. A nurse from the PHC visits our village daily but she does not stay for much time. The wound is really painful during the winter. Most of the days we freeze due to severe cold as we do not have sufficient blankets at home. There are cracks in the roof of our house, so water comes in during the rainy season. The government hardly provides housing facilities. We do not have proper education so we don't know what to do. Hope a helping hand will be extended one or the other day.

CASE STUDY-3

I am M. Saraswathi, aged 29, belonging to Koya tribe group. My villages Boudygudem belong to Polavaram domain. Venkateshwarulu, my father, Kanamma, my mother, me and my brother are all agriculture laborers. We have a joint family system. I was in this village since my birth. I grew up here. My family owns almost 2 acres of land where we do cultivation. My father works really hard, so do my brothers. We have been able to earn a decent living. All of us stay together under the roof of a pucca house which is a rare scene in my neighborhood. Our non-productive assets include a radio and a T.V. through the hard work of my parents and brothers, my family is living a happy life except for the disgusting disease that has infected me. The doctors said to me that the name of the disease is Yaws. Initial wounds appeared on my legs right when I was in my childhood. My parents took me to the nearest PHC which is 2Km away where the doctors prescribed some medicines and asked us to purchase them. I consumed those medicines for over three months but saw no signs of recovery. Pus kept following out of my wounds and the pain was terrible. The PHC nurse gave pain killers which gave a momentary relief. Finally we were forced to consult a private doctor. He prescribed some new medicines which upon consuming which brought in drastic change to my

condition. The wounds started healing and pus stopped but the mark of the wounds is still in my body. I have a feeling that the wound is not completely healed under the top skin, it is still raw. My family members are very much concerned about my problem. The PHC staff visits us once in three days in a week and I go for regular checkup. We do not find any government officials coming to our village. We need some health awareness campaigns by the government health department.

CASE STUDY-4

I am Madakam. Lakshmi, aged 33, belonging to the Koya tribal group. My village is Mamidigondi which comes under the Polavaram Mandal of West Godavari district. Ours is a nuclear family who has been natives of this land since birth. The main occupation of my family members is physical labour. My economic status is really poor as we have no land of our own, other than a mere 75cents which has been leased. The kutcha house that we stay in is our only asset. We don't have the comfort of owning any non-productive assets like bicycle, scooter or radio. The general condition of my village is not so good. We don't have approach roads. Public transport buses can be spotted once in a blue moon. In my village most of the houses are kutcha houses. The Health conditions of our villagers are pathetic. We don't have a PHC in our village. The nearest one is 5km away from the village. The PHC staff visit the village once in a week and we get to see the doctor once in a month. As far as my disease is concerned, I was infected right when I was a kid. I have been taking medicines since then. My parents took me to the government doctor but the tablets he prescribed to stop the disease only for short while after which it came back with more severity. The wounds deepened, pus formulation started increasing, and the pain was unbearable. The disease had crippling effect on me and I found it hard to face the public. Had there not been my parents support, I would have committed suicide by now; the PHC people were not a concerned with the state of disease in the slightest. They treated me with contempt. The staff asked my father to buy medicine from outside which was an added misery to the poor economic condition of my family. We are forced to spend around rupees 500 on medical needs every month. We receive no help from the government. After 6 months of treatment in the government hospitals, we saw no improvement. So we consulted a private doctor. Though it is really unaffordable for my family, we are left with no other option.

CASE STUDY-5

My name is Sankuraiah, I am 58 years old and belong to Koya tribe. Polavaram is the name of the Mandal, under which comes my state of domicile. Ours is a nuclear family of three members and we have been brought up in the very same land in which we live currently. We do labour work for a living. We live in a Kutch house, so do most of the people in our village. Our house is our only asset. We can't afford to buy a T.V, Radio or any such assets as we struggle every day to make both ends meet. My wife passed away a couple of years back and that has made the burden of the family fall on my shoulders. I find it hard to support my children's needs with the little money that I earn. I was forced to take loan of rupees 24,000 from a money lender at an interest rate of 25 paisa per day. I took the loan to construct a house. We don't have any savings and I am finding it difficult to pay the interest. The disease I have is an added burden as it obstructs my work. The initial stage of the disease was during my childhood. My father took me to a doctor. When I started taking medicines

regularly, the wound healed after a while. After I got married and settled up with kids, I totally forgot about the disease. After my wife's sudden demise things started becoming worse. I had none to support me. Working in dusty surfaces brought in itching around the wound and pus formation with terrible pain. Considering my economic conditions I don't think I can afford to consult any private doctors. The PHC staff and doctor are concerned and are duty minded are providing me with medicines but it seems of no avail. I have no clue as to what has to be done.

Conclusion

Tribal health problems and their beliefs towards the traditional healthcare system have become a matter of grave concern as it reflects on their socio-economic conditions and cultural practices. Despite various government developmental initiatives through programmes and schemes, systematic policy interventions and approaches are to be administered at all levels. Managerial training to the medical staff, effective maintenance of infrastructure, regular monitoring of the infected, and availability of feasible vaccination facilities can help reduce chronic diseases among the tribals. Maintaining interpersonal relationships and creating opportunities for financial empowerment of the tribals are considered essential for dealing with the tribal health care issues.

Yaw disease is a concern for the marginalized group and section of society. Their poor living condition, lifestyle, socio-economic and cultural backwardness needs to be ponder upon. Yaw disease affects all age group and it is not hereditary. Proper support and care from government can uplift their conditions. Case studies have also revealed that the tribal groups who suffer from yaw disease lack basic necessity of not having adequate house, bathing and health care. Facilitating the tribal group with awareness to healthcare without any prejudice can uplift their conditions. Society will only developed when all sections of community are included and heath right as basic human right will thus be justified.

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